

Community Action Grant- Accountability Form



Return completed form to carl.kurppa@laclabichecounty.com, or by mail to:

Lac La Biche County
 Attention: Community Action Grant
 Box 1679
 Lac La Biche, AB T0A 2C0

Date: _____

Applicant Name: _____ Phone Number: _____

Address: _____ Facility Location: _____

Start Date: _____ Completion Date: _____

Event/Service Title & Description _____

How did this Event/Service Benefit your Community? Did you accomplish what you had set out to do?

How many attendees/volunteers were part of this Event/Service? _____

Please rate the level of Resident Participation in this Event/Service (5 = Excellent, 0 = poor)

5 4 3 2 1 0

How many new people were involved with this Event/Service? Will they be involved in future initiatives?

Was this initiative successful in terms of community involvement? What could be done better next time?

BUDGET INFORMATION (If additional space is needed, please attach pages to the application)

ITEMIZED EXPENDITURE LIST	ACTUAL COST	ACTUAL GRANT ALLOCATION
TOTAL:		

*Accountability Form must be submitted and received by Community Services two months after the event/service completion date.
 Failure to supply all pertinent information will result in delays to the process, and shall not be the responsibility of Lac La Biche County.